IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: Shai STEIN							Art	Art Unit: 2419						
Application No.: 10/587,938 Confirmation No.: 6653							Examiner: A. P. Cattungal							
Filing Date: August 2, 2006							Was	Washington, D.C.						
								Atty.'s Docket: STEIN=12						
For, METHOD AND DEVICE FOR PROVIDING COMMUNICATION							Date	Date: June 30, 2009						
Custor Rando 401 Di	atent and Trademark C ner Service Window lph Building, Mail Stop llany Street dria, VA 22314		MENT_											
Sir.														
Transmitted herewith is a [X] Amendment in the above-identified application.														
[] Small Entity Status: Applicant(s) claim small entity status. See 37 C.F.R. §1.27.														
	No additional fee is re-													
[] The fee has been calculated as shown below: (Col. 1) (Col. 2) (Col. 3) SMALL ENTITY OTHER THAN SMALL E											OLIAN ENTITY			
		I	HIGHEST NO.	PRESENT	1 _	RATE			OR	_	RATE	ADDITIONAL		
	CLAIMS REMAINING AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA EQUALS		MATE		ADDITIONAL FEE	OH		HAIE	FEE		
TOTA	. •	MINUS	20	0	×	26	\neg	\$	1	×	52	\$		
INDER		MINUS	3	0	1 x	110		\$	1	×	220	s		
FIRST	PRESENTATION OF	MULTIPLE I	DEP. CLAIM		1 17	195		\$	7	+	390	\$		
ADDITIONAL FEE TOTA								\$	OR		TOTAL	\$		
	The "Highest Number Previously Paid For" (total or independent) is the highest number found from the equivalent box in Cot. 1 of a prior amendment of the number of claims originally filled. [OX] Conditional Petition for Extension of Time If any extension of time for a response is required, applicant requests that this be considered a petition therefor.													
	[] Fifth -	4					Fifth	- \$ 2350.00						
Month After Time Period Set Month After Time Period Set Less foes (\$) already paid formonth(s) extension of time on														
[]	Please charge my Deposit Account No. 02-4035 in the amount of \$													
[]] Payment in the amount of \$ will be made using the online filing system.													
[]	A check in the amount	of \$	is attach	ed (check no.)										
[XX] The Commissioner is hereby authorized and requested to charge any additional fees which may be required in connection with this application or credit any overpaymer to Deposit Account No. 02-405s. This authorization and request is not limited to payment of all fees associated with this communication, including any Extension of Tim fee, not covered by check or applical authorization, but is also intended to include all less of the presentation of earts claims under \$31, 15 and all patient processing fees under \$70 CFR §1.17 throughout the prosecution of the case. This blanket authorization does not include patient issue fees under \$70 CFR §1.18 and all patient processing fees under \$70 CFR §1.17 throughout the prosecution of the case. This blanket authorization does not include patient issue fees under \$70 CFR §1.18 and patients.														
								Attorneys for Applicant(s)						
Facsimile: (202) 737-3528 Telephone: (202) 628-5197								By: //Ronni S. Jillions/ Ronni S. Jillions Reg. No. 31,979						